

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90485 028 \*\*\*150.00

0374036 AV

**DOCUMENT # P02000068078**

1. Entity Name  
**INA SOLUTIONS, INC.**



Principal Place of Business  
**630 S. SAPODILLA AVE.  
#301  
WEST PALM BEACH FL 33401**

Mailing Address  
**630 S. SAPODILLA AVE.  
#301  
WEST PALM BEACH FL 33401**

**11003723**



2. Principal Place of Business

**471 Corniche Way**

Suite, Apt. #, etc.

**#205**

City & State

**Lake Mary, FL**

Zip

**32746**

Country

**U.S.**

3. Mailing Address

**471 Corniche Way**

Suite, Apt. #, etc.

**#205**

City & State

**Lake Mary, FL**

Zip

**32746**

Country

**U.S.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**32-0020264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COX, CAROL G  
630 S. SAPODILLA AVE.  
#301  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Carol G. Cox**

Street Address (P.O. Box Number is Not Acceptable)

**471 Corniche Way #205**

City

**Lake Mary**

FL

Zip Code

**32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carpe*

**4-14-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **COX, CAROL G**  
STREET ADDRESS **630 S. SAPODILLA AVE. #301**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☐ Delete  
NAME **BURNS, EDWARD A**  
STREET ADDRESS **630 S. SAPODILLA AVE. #301**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Cox, Carol G**  
STREET ADDRESS **471 Corniche Way #205**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **V** ☒ Change ☐ Addition  
NAME **Burns, Edward A.**  
STREET ADDRESS **471 Corniche Way #205**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03**

Date

**(877) 462-4932  
(407) 321-1919**

Daytime Phone #

CR2E034 (10/02)

Attachment

# PO2 00006807

Please note that 11003723  
the new address  
is effective as of  
May 13, 2003

Thank you.